

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# **FEE TRANSMITTAL** **for FY 2005**

**Complete if Known**

Application Number	09/605,783
Filing Date	June 27, 2000
First Named Inventor	Jiangchun Xu
Examiner Name	Diana B. Johannsen
Art Unit	1634
Attorney Docket No.	210121.427C16

☐ Applicant claims small entity status. See 37 CFR 1.27

**AMOUNT OF PAYMENT (\$)** **1,810**
**METHOD OF PAYMENT (check all that apply)**

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☐ Charge any additional fee(s) or underpayments    ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<u>7</u> -20 or HP = <u>0</u> X _____ = _____				Fee (\$)
				Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>3</u> -3 or HP = <u>0</u> X _____ = _____			

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	_____ /50 = _____	_____ (round up to a whole number)	x _____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE (Request for Continued Examination)Three month extension of time**Fees Paid (\$)****790****1,020****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	42,676	Telephone	206-622-4900
Name (Print/Type)	Jeffery Hundley, Ph.D., Patent Agent			Date	January 9, 2006